

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**08/952990**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		<del>/</del>	<del></del>			53						
4		/	<del>/</del>	<del></del>			54						
5		⊙	/		1/5		55						
6		⊙	/				56						
7		⊙	/				57						
8		⊙	/				58						
9		⊙	<del>/</del>	<del></del>			59						
10		⊙	<del>/</del>	<del></del>			60						
11		⊙	/				61						
12		⊙	<del>/</del>	<del></del>	1/7		62						
13		⊙	/				63						
14		⊙	<del>/</del>	<del></del>			64						
15		⊙	/				65						
16		⊙	/				66						
17		⊙	/				67						
18		⊙	/				68						
19		⊙	/				69						
20		⊙	/				70						
21	/		/				71						
22		/	/				72						
23		/	/		1/9		73						
24		/	/				74						
25		4	/				75						
26		⊙	/				76						
27		/	/				77						
28		/	/				78						
29		/	/				79						
30		⊙	/				80						
31		⊙	/				81						
32	/		/				82						
33	/		/				83						
34	/		/		5/3		84						
35	/		/				85						
36	/		/				86						
37	/		/				87						
38	/		/				88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		7				TOTAL IND.						
TOTAL DEP.	31		24				TOTAL DEP.						
TOTAL CLAIMS	41		31				TOTAL CLAIMS						